

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN SPEAK OUT PAC

ADDRESS (number and street) ▼

1200 NEW HAMPSHIRE AVE NW

SUITE 750

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Emily Buchanan

Signature of Treasurer

Emily Buchanan

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y 06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		496911.89
(b) Cash on Hand at Beginning of Reporting Period.....	796145.98	
(c) Total Receipts (from Line 19)	290284.82	600636.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1086430.80	1097548.41
7. Total Disbursements (from Line 31)	7476.17	18593.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1078954.63	1078954.63
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	20704.43	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period: From:

 M M / D D / Y Y Y Y Y
 04 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

272900.00

573300.00

(ii) Unitemized

6741.09

16692.79

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

279641.09

589992.79

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees
(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5)

279641.09

589992.79

12. Transfers From Affiliated/Other
Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....

10643.73

10643.73

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

0.00

0.00

17. Other Federal Receipts
(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

290284.82

600636.52

20. Total Federal Receipts
(subtract Line 18(c) from Line 19)

290284.82

600636.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3951.41	15069.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3951.41	15069.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	3524.76	3524.76
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7476.17	18593.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7476.17	18593.78

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	279641.09	589992.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	279641.09	589992.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	3951.41	15069.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	10643.73	10643.73
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-6692.32	4425.29

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. William Adams Sr.

Mailing Address 109 West Park Road

City

Portersville

State

PA

Zip Code

16051-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adams Mfg.

Occupation

Manufacturer

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

06 / 02 / 2016

Transaction ID : SA11AI.5730

Amount of Each Receipt this Period

2800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David L. Black

Mailing Address 1254 Wavecrest Circle

City

Gallatin

State

TN

Zip Code

37066-7568

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Institute of Chemists

Occupation

Fellow

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 06 / 2016

Transaction ID : SA11AI.5769

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John F. Brzycki

Mailing Address 333 East Locust Street

City

Scranton

State

PA

Zip Code

18505-1590

FEC ID number of contributing
federal political committee.

C

Name of Employer

Andrew Browns Pharmacy

Occupation

Clerk

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2016

Transaction ID : SA11AI.5726

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5300.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Marylane Burry

Mailing Address 305 Southwinds

City

Tinton Falls

State

NJ

Zip Code

07753-7714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker/Volunteer

Occupation

Homemaker/Volunteer

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : SA11AI.5809

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carol J. Carlson

Mailing Address 14750 Beach Boulevard Apt. 54

City

Jacksonville Beach

State

FL

Zip Code

32250-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : SA11AI.5728

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Daniel Costello

Mailing Address 69 Waverly Ave.

City

Clarendon Hills

State

IL

Zip Code

60514-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Notre DAME

Occupation

Professor

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.5832

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Clarence La Liberte

Mailing Address 2712 East 5th Street

City

Duluth

State

MN

Zip Code

55812-1537

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	6

Transaction ID : SA11AI.5771

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jimmy Matthews

Mailing Address 9931 Hyatt Resort Drive Apt. 318

City

San Antonio

State

TX

Zip Code

78251-4166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	6

Transaction ID : SA11AI.5767

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Darlene Morrow

Mailing Address PO Box 784

City

Goldendale

State

WA

Zip Code

98620-0784

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	6

Transaction ID : SA11AI.5785

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Kent Oberg

Mailing Address 1508 North 29th Street

City State Zip Code
 Fort Dodge IA 50501-2148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired - Oberg Company

Occupation
Retired Trucker

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.5757

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Larry O'Neill

Mailing Address 824 North Clark Drive

City State Zip Code
 Palatine IL 60074-7116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Former Author

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.5756

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Carolyn Parlato

Mailing Address 1529 Crestview Avenue

City State Zip Code
 Tallahassee FL 32303-5815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.5754

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 18
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial) A. Rosemary Perez		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2016 Transaction ID : SA11AI.5807	
Mailing Address 6822 Oregon Street		Amount of Each Receipt this Period 300.00	
City Buena Park	State CA	Zip Code 90621-3607	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00	
Name of Employer St. Joseph Hospital	Occupation Mammographer		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Tim Perri		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2016 Transaction ID : SA11AI.5783	
Mailing Address 4975 Southwest 65th Avenue		Amount of Each Receipt this Period 300.00	
City Portland	State OR	Zip Code 97221-1172	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00	
Name of Employer Best Buy in Town Inc.	Occupation Business Owner		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Lawrence Rakunas		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2016 Transaction ID : SA11AI.5793	
Mailing Address 1150 Willowgate Lane		Amount of Each Receipt this Period 1000.00	
City Saint Charles	State IL	Zip Code 60174-4143	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00	
Name of Employer Northwest Airlines	Occupation Retired		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
SUBTOTAL of Receipts This Page (optional).....		1600.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. David Ream O.F.S.

Mailing Address 19514 Orrick Trail

City

Kirksville

State

MO

Zip Code

63501-7126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Clergyman

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.5752

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Reh

Mailing Address 9850 Waterbury Drive

City

Saint Louis

State

MO

Zip Code

63124-1046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bellevue Radiation

Occupation

Physician

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 01 / 2016

Transaction ID : SA11AI.5722

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paul Singer

Mailing Address 40 West 57th Street Floor 30

City

New York

State

NY

Zip Code

10019-4001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elliot Managment Group

Occupation

CEO

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

06 / 23 / 2016

Transaction ID : SA11AI.5842

Amount of Each Receipt this Period

250000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

251500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Mary Grace Sundy

Mailing Address 45 Fordyce Manor Court

City State Zip Code
 Lake Saint Louis MO 63367-1800

FEC ID number of contributing federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y
 06 27 2016

Transaction ID : SA11AI.5850

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mary Walker

Mailing Address P.O. Box 325

City State Zip Code
 Amity OR 97101-0325

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Farmer

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y
 06 16 2016

Transaction ID : SA11AI.5827

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M = M / D = D / Y = Y - Y - Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

272900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 18

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. DC Department of Employment Services

Mailing Address 4058 Minnesota Ave NE

City State Zip Code
Washington DC 20019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10643.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2016

Transaction ID : SA15.6434

Amount of Each Receipt this Period

10643.73

☐ Memo Item

Refund of State unemployment insurance

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10643.73

10643.73

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2700 Coast Ave

City	State	Zip Code
Mountain View	CA	94043

Purpose of Disbursement
Credit Card processing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SB21B.5646

Amount of Each Disbursement this Period

225.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 2700 Coast Ave

City	State	Zip Code
Mountain View	CA	94043

Purpose of Disbursement
April, May June, Credit Card fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	13	/	2016

Transaction ID : SB21B.5637

Amount of Each Disbursement this Period

94.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MDS Communications Corporation

Mailing Address 545 W. Juanita Ave

City	State	Zip Code
Mesa	AZ	85210

Purpose of Disbursement
Telemarketing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2016

Transaction ID : SB21B.5644

Amount of Each Disbursement this Period

755.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1075.43

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. MDS Communications Corporation

Mailing Address 545 W. Juanita Ave

City Mesa	State AZ	Zip Code 85210
--------------	-------------	-------------------

Purpose of Disbursement
Telemarketing

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : SB21B.5645

Amount of Each Disbursement this Period

2637.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PaychexMailing Address 3060 Williams Dr
#200

City Fairfax	State VA	Zip Code 22031
-----------------	-------------	-------------------

Purpose of Disbursement
Payroll subscription

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

Transaction ID : SB21B.5641

Amount of Each Disbursement this Period

57.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PaychexMailing Address 3060 Williams Dr
#200

City Fairfax	State VA	Zip Code 22031
-----------------	-------------	-------------------

Purpose of Disbursement
Payroll subscription

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

Transaction ID : SB21B.5642

Amount of Each Disbursement this Period

70.33

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2764.44

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. PaychexMailing Address 3060 Williams Dr
#200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement
Payroll subscription

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
06		10		2016

Transaction ID : SB21B.5643

Amount of Each Disbursement this Period

61.34

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

61.34

3901.21

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 18

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Existing Loan owed to SBA

Mailing Address 1200 New Hampshire Ave NW
Ste 750City State Zip Code
Washington DC 20036

Outstanding Balance Beginning This Period

10500.00

Transaction ID : SD10.4157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Loan for FEC Reporting Services

Mailing Address 1200 New Hampshire Ave NW
Ste 750City State Zip Code
Washington DC 20036

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.4110

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Mailings Expense

Mailing Address 1200 New Hampshire Ave NW
Ste 750City State Zip Code
Washington DC 20036

Outstanding Balance Beginning This Period

5204.43

Transaction ID : SD10.4318

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5204.43

1) **SUBTOTALS** This Period This Page (optional)..... ►

20704.43

2) **TOTALS** This Period (last page this line number only)..... ►

20704.43

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

20704.43

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Front Range Enterprise and Communications, Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 1111 Diamond Valley Drive Suite 105			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">3524.76</div>		
City Windsor		State CO	Zip Code 80550		Transaction ID : SE.5631
Purpose of Expenditure Mailing		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 25 / 2016</div>	
Name of Federal Candidate RENEE JACISIN ELLMERS			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">3524.76</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
City		State	Zip Code		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>
Purpose of Expenditure		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">3524.76</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">3524.76</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 22 / 2016</div>		

[Electronically Filed]